

**Composite State Board  
of Medical Examiners**

BEFORE THE COMPOSITE STATE BOARD OF MEDICAL EXAMINERS JUN 29 2007

IN THE MATTER OF: \_\_\_\_\_ )  
\_\_\_\_\_) )  
\_\_\_\_\_) )  
\_\_\_\_\_) )  
License No.: \_\_\_\_\_ )**DOCKET NUMBER**DOCKET NO. 2008 0001**VOLUNTARY SURRENDER**

I, Phil Arbo IV, MD/DO, holder of License No. 35368 to practice as a physician in the State of Georgia, hereby freely, knowingly, and voluntarily surrender said license to the Board. I hereby acknowledge that this surrender shall have the same effect as a revocation of my license, and I knowingly forfeit and relinquish all right, title and privilege to practice this profession in the State of Georgia, unless and until such time as my license may be reinstated, in the sole discretion of the Board.

I understand that I have a right to a hearing in this matter, and I freely, knowingly, and voluntarily waive such right. I also understand that should any request for reinstatement be entertained by the Board, the Board shall have access to the entire investigative file in this matter.

This surrender shall become effective immediately upon acceptance thereof by the Board. I understand that this document will be considered to be a public record entered as the final disposition of disciplinary proceedings presently pending or which could be brought against me, and that this action shall be considered to be and may be recorded as a final order of the Board.

Sworn to and subscribed before me  
this 5 day of July, 2007.

NOTARY PUBLIC

Commission Expires: 9-18-08\_\_\_\_\_  
LICENSEE**ACCEPTANCE OF SURRENDER**

The Voluntary Surrender of License No. 35368 is hereby accepted by the Board, this 29 day of June, 2007.

BY: Eddie R. Chast, MD.  
President  
Composite State Board of Medical Examiners

ATTEST: LaShawn Hughes  
LaShawn Hughes, Executive Director  
Composite State Board of Medical  
Examiners

(BOARD SEAL.)